

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215519320				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: C. J. Thomas Company, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL CORPORATE RESEARCH LTD 250 BROWNS HILL CT MIDLOTHIAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MO</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2015</p> <p>SCC ID NO: F1752882</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>30,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	30,000
CLASS	AUTHORIZED					
COMMON	30,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 800 MARKET ST, 18TH FL</p> <p style="text-align: center;">CITY/ST/ZIP: ST LOUIS, MO 63101</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: OLIVER A BERWIN, JR TITLE: PRESIDENT ADDRESS: 800 MARKET ST, 18TH FL CITY/ST/ZIP/CO: ST. LOUIS, MO 63101 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: OLIVER A BERWIN, JR TITLE: PRESIDENT ADDRESS: 800 MARKET ST, 18TH FL CITY/ST/ZIP/CO: ST. LOUIS, MO 63101	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: OLIVER A BERWIN, JR TITLE: PRESIDENT ADDRESS: 800 MARKET ST, 18TH FL CITY/ST/ZIP/CO: ST. LOUIS, MO 63101	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAMELA GOESSLING TITLE: PRESIDENT ADDRESS: 800 MARKET ST, 18TH FLOOR CITY/ST/ZIP/CO: ST LOUIS, MO 63101 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAMELA GOESSLING TITLE: PRESIDENT ADDRESS: 800 MARKET ST, 18TH FLOOR CITY/ST/ZIP/CO: ST LOUIS, MO 63101	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PAMELA GOESSLING TITLE: PRESIDENT ADDRESS: 800 MARKET ST, 18TH FLOOR CITY/ST/ZIP/CO: ST LOUIS, MO 63101	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOSEPH H. WESSELS TITLE: SECRETARY ADDRESS: 800 MARKET STREET, 18TH FLOOR CITY/ST/ZIP/CO: ST. LOUIS, MO, MO 63101 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOSEPH H. WESSELS TITLE: SECRETARY ADDRESS: 800 MARKET STREET, 18TH FLOOR CITY/ST/ZIP/CO: ST. LOUIS, MO, MO 63101	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOSEPH H. WESSELS TITLE: SECRETARY ADDRESS: 800 MARKET STREET, 18TH FLOOR CITY/ST/ZIP/CO: ST. LOUIS, MO, MO 63101	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFF GRIGONE TITLE: DIRECTOR ADDRESS: 800 MARKET ST, 18TH FL CITY/ST/ZIP/CO: ST LOUIS, MO 63101 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEFF GRIGONE TITLE: DIRECTOR ADDRESS: 800 MARKET ST, 18TH FL CITY/ST/ZIP/CO: ST LOUIS, MO 63101	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFF GRIGONE TITLE: DIRECTOR ADDRESS: 800 MARKET ST, 18TH FL CITY/ST/ZIP/CO: ST LOUIS, MO 63101	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFF GRIGONE TITLE: DIRECTOR ADDRESS: 800 MARKET ST, 18TH FL CITY/ST/ZIP/CO: ST LOUIS, MO 63101 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEFF GRIGONE TITLE: DIRECTOR ADDRESS: 800 MARKET ST, 18TH FL CITY/ST/ZIP/CO: ST LOUIS, MO 63101	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFF GRIGONE TITLE: DIRECTOR ADDRESS: 800 MARKET ST, 18TH FL CITY/ST/ZIP/CO: ST LOUIS, MO 63101	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM PAT LEACH TITLE: DIRECTOR ADDRESS: 800 MARKET ST., 18TH FLOOR CITY/ST/ZIP/CO: ST. LOUIS, MO 63101 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM PAT LEACH TITLE: DIRECTOR ADDRESS: 800 MARKET ST., 18TH FLOOR CITY/ST/ZIP/CO: ST. LOUIS, MO 63101	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: WILLIAM PAT LEACH TITLE: DIRECTOR ADDRESS: 800 MARKET ST., 18TH FLOOR CITY/ST/ZIP/CO: ST. LOUIS, MO 63101	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				

NAME:	WILLIAM PAT LEACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 MARKET ST., 18TH FLOOR		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63101		
NAME:	BRENDA MAINER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 MARKET ST., 18TH FLOOR		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63101		
NAME:	BRENDA MAINER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 MARKET ST., 18TH FLOOR		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63101		
NAME:	RICHARD MAXEDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 MARKET ST, 18TH FL		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63101		
NAME:	RICHARD MAXEDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 MARKET ST, 18TH FL		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63101		
NAME:	JOHN C MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 MARKET ST, 18TH FL		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63101		
NAME:	JOHN C MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 MARKET ST, 18TH FL		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63101		
NAME:	MEL ROLL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 MARKET ST., 18TH FLOOR		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63101		
NAME:	MEL ROLL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 MARKET ST., 18TH FLOOR		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63101		
NAME:	WILLIAM WITTENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 MARKET ST., 18TH FLOOR		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63101		
NAME:	WILLIAM WITTENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 MARKET ST., 18TH FLOOR		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63101		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ WILLIAM WITTENBERG</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>WILLIAM WITTENBERG, DIRECTOR</u> PRINTED NAME AND CORPORATE TITLE	<u>5/18/2015</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		